

PERSONAL INFORMATION

DATE: _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO. ~ ~	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
PHONE NO.	REFERRED BY AD DROP-IN	EMPLOYMENT AGENCY-NAME	REFERRAL-NAME

EMPLOYMENT DESIRED

FIRST CHOICE		SECOND CHOICE		THIRD CHOICE	
DATE YOU CAN START	FULL TIME _____	PART TIME _____	ARE YOU 18 OR OLDER? YES NO		
WHAT DAYS/TIME ARE YOU AVAILABLE TO WORK? AM M T W TH F SAT SUN PM M T W TH F SAT SUN		WHAT DAYS/TIME ARE NOT ABLE TO WORK? AM M T W TH F SAT SUN PM M T W TH F SAT SUN		SALARY DESIRED	
ARE YOU EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			ARE YOU RELATED TO ANYONE IN THE COMPANY YES <input type="checkbox"/> NO <input type="checkbox"/>		

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS	GRAD. Y/N	MAJOR/DEGREE
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE			

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS PHONE	BUSINESS	YEARS KNOWN
1			
	PHONE		
2			
	PHONE		
3			
	PHONE		

EMPLOYMENT

APPLICATION

MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES

NO

EMPLOYMENT (PRESENT OR MOST RECENT FIRST)

COMPANY NAME	TELEPHONE	POSITION	DATE STARTED (MO/YR)	DATE LEFT (MO/YR)
ADDRESS	CITY	STATE	ZIP	STARTING PAY ENDING PAY
REASON FOR LEAVING WHY?	QUIT	LAYOFF	DISCHARGE	IMMEDIATE SUPERVISOR'S NAME & TITLE
YOUR TITLE, DUTIES, AND RESPONSIBILITIES				

COMPANY NAME	TELEPHONE	POSITION	DATE STARTED (MO/YR)	DATE LEFT (MO/YR)
ADDRESS	CITY	STATE	ZIP	STARTING PAY ENDING PAY
REASON FOR LEAVING WHY?	QUIT	LAYOFF	DISCHARGE	IMMEDIATE SUPERVISOR'S NAME & TITLE
YOUR TITLE, DUTIES, AND RESPONSIBILITIES				

COMPANY NAME	TELEPHONE	POSITION	DATE STARTED (MO/YR)	DATE LEFT (MO/YR)
ADDRESS	CITY	STATE	ZIP	STARTING PAY ENDING PAY
REASON FOR LEAVING WHY?	QUIT	LAYOFF	DISCHARGE	IMMEDIATE SUPERVISOR'S NAME & TITLE
YOUR TITLE, DUTIES, AND RESPONSIBILITIES				

HAVE YOU EVER PLEADED GUILTY OF ANY CRIME? YES NO

If yes, give details?

A CRIMINAL RECORD DOES NOT NECESSARY DISQUALIFY YOU FROM EMPLOYMENT. ALL RELEVANT FACTORS WILL BE CONSIDERED. YOU NEED NOT ANSWER

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE _____

SIGNATURE _____

APPROVED: _____
MANAGER

_____ GENERAL MANAGER